

FILED DEC 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43184

STATE FILE NUMBER

Registration District No. 833 Primary Registration District No. 8074 Registrar's No. 201

1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Scott</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Likeston</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Likeston, Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME (If NOT in hospital, give location) <u>Thelma Murrey</u>		Length of stay in lb <u>2 weeks</u>		d. STREET ADDRESS <u>809 Hunter</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>Henry Lee Henkle</u>				4. DATE OF DEATH Month <u>11</u> Day <u>18</u> Year <u>1957</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 22, 1889</u>		9. AGE (In years last birthday) <u>68</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Hickman, Ky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Jake Henkle</u>				14. MOTHER'S MAIDEN NAME <u>Nancy Garrison</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Allie Henkle</u> Address <u>Likeston, Mo</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral apoplexy</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>443X</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u> <u>?</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY		STATE	
21. I attended the deceased from <u>Oct 28, 1957</u> to <u>Nov 16, 1957</u> and last saw <u>her</u> alive on <u>Nov 16, 1957</u> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Wm. C. Cretchley M.D.</u> (Degree or title)				22b. ADDRESS <u>Likeston, Mo</u>		22c. DATE SIGNED <u>Nov. 21, 1957</u>	
23. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		23b. DATE <u>11-20-1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Garden of Memories</u>		23d. LOCATION (City, town, or county) (State) <u>Likeston, Mo</u>	
24. FUNERAL DIRECTOR <u>Albertson Funeral Home</u>		ADDRESS <u>Likeston, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>11-27-57</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED DEC 3 1957

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1257-245

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Earl J. Smith

Licensed Embalmer No. 3672

P. O. Address Orean, Ind.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.